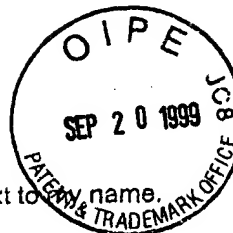


OPPEDAHL &amp; LARSON

FILE NO. NMED.P-001-2COMBINED DECLARATION  
AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My citizenship, residence and post office address are as listed below next to my name.

I believe I am the original, first and ☐ sole/☒ joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled: Noval Human Calcium Channels and Related Probes, Cell Lines and Methods  
the specification of which

(a) ☒ Is attached hereto.

(b) ☐ was filed on \_\_\_\_\_ as Application Serial No. \_\_\_\_\_ and was amended on \_\_\_\_\_.

(c) ☐ was described and claimed in International Application No. \_\_\_\_\_ filed on \_\_\_\_\_ and amended on \_\_\_\_\_.

## Acknowledgment of Duty of Disclosure

I hereby state that I have reviewed and understood the content of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of the subject matter claimed in this application in accordance with Title 37, Code of Federal Regulations § 1.56(a).

## Continuation-In-Part Application

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>09/030,482</u>	<u>February 25, 1999</u>	<u>pending</u>
(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)

_____	_____	_____
(Application Serial No.)	(Filing Date)	(Status)(patented,pending,abandoned)

## Power of Attorney

I hereby appoint Carl Oppedahl, PTO Reg. NO. 32,746 and Marrina T. Larson, PTO Reg. No. 32,038 of the firm of OPPEDAHL & LARSON LLP, whose address is PO Box 5270, 611 main Street, Frisco, CO 80443-5270 as attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:  
OPPEDAHL & LARSON LLP  
PO BOX 5270  
FRISCO, CO 80443-5270

DIRECT TELEPHONE CALLS TO:  
OPPEDAHL & LARSON  
(970) 668-2050

OPPEDAHL &amp; LARSON

FILE NO. NMED.P-001-2**Claim for Priority**

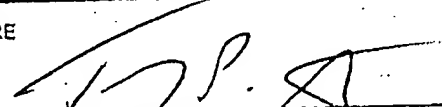
I hereby claim priority under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have identified any foreign applications for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

EARLIEST FOREIGN APPLICATION(S), FILED WITHIN TWELVE MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	PRIORITY CLAIMED
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO SAID APPLICATION				
COUNTRY	APPLICATION NO.	DATE OF FILING (day/month/year)	DATE OF ISSUE (day/month/year)	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR	LAST NAME SNUTCH	FIRST NAME TERRY	MIDDLE NAME P.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 3963 W. 24 <sup>TH</sup> Avenue		CITY VANCOUVER	STATE/COUNTRY ZIP CODE CANADA V6S 1M1
DATE July 1, 1999		SIGNATURE 	

- [X] Signature for additional joint inventor attached. Number of Pages 1.  
 [ ] Signature by Administrator(trix) or legal representative for deceased or incapacitated inventor. Number of Pages \_\_\_\_.  
 [ ] Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 CFR § 1.47. Number of Pages \_\_\_\_.

OPPEDAHL &amp; LARSON

FILE NO. NMED.P-001-2

NAME OF SECOND INVENTOR	LAST NAME BAILLIE	FIRST NAME DAVID	MIDDLE NAME L.
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE VANCOUVER	STATE OR COUNTRY OF RESIDENCE CANADA	COUNTRY OF CITIZENSHIP CANADA
POST OFFICE ADDRESS 29 North Kootenay Street		CITY VANCOUVER	STATE/COUNTRY ZIP CODE CANADA V5K 3P7
DATE July 1, 1999		SIGNATURE David L. Baillie	
NAME OF THIRD INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FOURTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	
NAME OF FIFTH INVENTOR	LAST NAME	FIRST NAME	MIDDLE NAME
RESIDENCE & CITIZENSHIP	CITY OF RESIDENCE	STATE OR COUNTRY OF RESIDENCE	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS		CITY	STATE/COUNTRY ZIP CODE
DATE		SIGNATURE	